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NOTES ON THE TREATMENT OF DISEASE BY THE ESQUIMOS AND BY THE INDIANS OF NORTH AMERICA.

First Paper.

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The original inhabitants of the North American continent had no system of medicine as we understand it. Our present day methods have been a growth, a development with and a part of our civilization, and a past that has lagged behind. Modern medicine is very recent. The always present mystery of life and death has developed great philosophies. Sickness has caused untold misery and suffering. But not until study of the structure of the human body by dissection, and study of its functions under normal and abnormal conditions, was any progress in medicine made.

Some valuable knowledge of disease has been handed down to us from the ancient civilizations of Egypt and of Greece, but the actual treatment of disease has been largely a matter of empiricism; that is the accidental discovery that certain things were beneficial in certain conditions, and then a constant repetition in similar cases.

Theories as to the reason why have followed, and are still following. One of the most far-reaching in importance was that of Samuel Hahnemann, who conceived the idea of trying various drugs on healthy persons and noting the effects. From his experiments he was led to believe that drug action on the sick, and drug action on the well, bore a certain relation to each other. As a result, he formulated the law, "*similia similibus curentur*," "likes may be cured by likes." This is the foundation of the homœopathic school of

practice. Although not accepted by the majority of practitioners of the healing art, nevertheless, Hahnemann's work has had a tremendous effect on the methods of the treatment of the sick.

The early history of civilized medicine, if I may call it that, is shrouded in mystery. The conceptions of disease were crude and mysterious. But the practice of the healing art was necessarily conservative. In ancient Babylon, an empire that endured for two thousand years before the Christian era, it was the law, that if a surgeon operated on a patient, and the patient died, the surgeon's hands should be cut off.¹ In ancient Egypt if a physician tried any new treatment on a patient, and the patient died, the physician paid the penalty with his life.²

Later day study of disease and diseased organs has been, and still is, productive of theories as changing—and almost as numerous—as the sands of the sea. The practice of medicine is not yet an exact science, as is mathematics, for example. Since mankind has been able to count, two and two have made four, and through the ages into eternity two and two will continue to make four.

Appreciation of beauty in architecture, in sculpture, in painting, has changed little in historic times. The ruins of ancient civilizations excite wonder and admiration today. Whereas, the medical theories of yesterday are old, those of the day before forgotten. Those of today and tomorrow will in their turn become old and forgotten. All that is known in medicine is the natural history of disease; that is, the succession of events, the symptoms of certain abnormal conditions.

The Indian's conception of disease is no stranger than that of civilization has been; his actions in its presence no more unreasonable; his treatment no more weird. Even today the average civilized individual knows less about his body's structure, its functions, and how to keep it in repair, than he does about any other one thing that is of importance to him.

The basis of all beliefs of Indian and primitive races generally is that the earth is the mother of all created things.³ Hence the reply of Tecumtha to Harrison, "The sun is my father, the earth is my mother, on her bosom I will rest."

Mooney says,³ "In the Indian mind the corn, fruits, and edible roots are the gifts which the earth-mother gives freely to her chil-

dren. Lakes and ponds are her eyes, hills are her breasts, and streams are the milk flowing from her breasts. Earthquakes and underground noises are signs of her displeasure at the wrongdoing of her children. Especially are the malarial fevers which often follow extensive disturbance of the surface by excavation or otherwise held to be direct punishments for the crime of lacerating her bosom."

The Indian's treatment of disease is interwoven with his belief in spirits and in his ideas of the unseen world to an inextricable degree. Sick persons are supposed to be possessed with evil spirits. To get rid of these evil spirits all sorts of incantations and exorcisms are resorted to. To perform these ceremonies there is a special class of medicine men or priests known as "Shamans." "The Shaman or priest pretends to control by incantations and ceremonies the evil spirits to whom death, sickness, and other misfortunes are ascribed."⁴ In some cases the Shaman may be a woman.⁵ Disease is supposed to be the work of human or animal sorcery. The Shaman is to pervert or cure disease. He has other functions, as well; namely, to perform ceremonies before fighting, hunting, fishing, gathering fruits, and so forth, that good fortune may favor the tribe.

Among certain people in Central and South America, where remains show that trephining of the skull was commonly practiced, and in Samoa, where the skull was scraped through to the dura mater, the operation was performed not to relieve pressure on the brain, as with modern civilized peoples, but to let out the evil spirits.⁶

Among the Iroquois the Shaman was able to drive away pestilence by wearing a false face to frighten the evil spirits.⁷ The use of decoctions and infusions of plants by the Ojibwas⁸ and Cherokees⁹ was for the same purpose. Catlin¹⁰ cites an instance of the treatment of an Indian dying from two bullet wounds through the body. The Shaman came dressed in fantastic costume, with his head enclosed in a bear's head, and danced and howled and shook his rattles over the prostrate patient until he died. This was done to drive the evil spirits away.

The Shaman has to go through a long course of training. The mystic ceremonies are long and complicated. The various formulæ are handed down by word of mouth. Among the Ojibwas, whose

methods of training are very minutely detailed by Hoffman,⁸ the training sometimes lasts several years. The person who wishes to become a Shaman goes away by himself and fasts; as a result of his self-denial and exposure he gets into a highly hysterical condition and has dreams. If his visions or dreams lead him in certain lines of thought, the other Shamans receive an application from him to become a candidate for that office. After much ceremony and deliberation, if acceptable, the candidate is required to make valuable presents to the older members of the order. Then he is required to select a preceptor, who teaches him the incantations and rituals.

The use of herbs, not to act on the body, but to drive out the evil spirits of those afflicted, is a part of the Ojibwa practice. To learn the use of these, the candidate is taken, from time to time, to wherever some one plant or herb can be found. There he is taught to recognize it, when and how to gather it, and, later, how to prepare it for use. Only one plant is taught at a time. This is a method that might well be imitated by the civilized medical teacher. The preceptor receives a fee for each lesson. Nothing is done for nothing. This is not from purely mercenary motives, it is believed that the virtue of the plant will be lost if its secrets are imparted free of charge. This same idea permeates the treatment of patients, that free treatment will prove of no value to the individual because its virtue will be lost. On the contrary, the patient thinks the efficaciousness of the treatment depends on the size of the fee paid, and acts accordingly. No cutting down of bills there. If that were only true in civilized communities!

The Shaman, among all tribes, is treated with the utmost consideration and respect. He takes part in all councils. His opinion always carries great weight.

Indians are of a highly neurotic and hysterical temperament, and their fasts, feasts, and ceremonies make them easily amenable to suggestion. They, therefore, frequently recover from sickness under the weird fantastic incantations of the Shaman. When this happens the Shaman does not hide his light under a bushel, but proclaims his cure publicly, boasts of it, brags of it. When recovery does not take place there is always a readily accepted excuse.

Among the central Esquimo,¹¹ if a person is sick, his friends may visit him; but if considered to be fatally sick, as death draws near,

he is left to die alone. Patients with fatal illness are isolated in separate snow huts. If it so happens that a person dies among other people, everything in the house must be destroyed. Hence the separate snow hut.

Among the Ojibwa¹² the sick in bed are entertained by their relatives, while the Shaman comes and dances about and howls, to frighten away the evil spirits. The patient drinks broth, eats little, sleeps when he can, and takes decoctions which purge.

Among the Cherokee⁹ the sick are isolated to protect them from menstruating or pregnant women who are taboo. Otherwise the treatment would be neutralized. Men and children are kept away for fear they may have been in contact with such women, for a person who inadvertently enters a house where a tabooed woman is will have the same effect on the patient as the woman herself. All women, except those of the household, are taboo anyway.

Among the Hebrews the menstruating woman is considered to be unclean. Among the aborigines of North America the same thing is also true. It seems to be the custom among them all, when a girl reaches the age of puberty, for her to be set apart for a number of days. Therefore, on each recurrence of the menses, she is considered to be unclean. Among the Omahas¹³ the menstruating woman is obliged to live apart for four or five days and to do her cooking and eating alone. At the end of that time she washes her dishes and returns to her household. Two women in the same condition at the same time may dwell together if they choose. Grown people are not afraid of them, but children fear the odor. If men eat with women or lie with them at this time they will be stricken with chest disease. Among the Esquimaux of the Northwest¹⁵ hunters must avoid women during the menstrual period, else they will have bad luck.

The Indian mind tries to account for the phenomena of nature by the elaboration of curious ideas. Each tribe has its own mythological beliefs, but one of the most curious is that of the Meomim Indians regarding the origin of menstruation.¹⁵ The great progenitor of the tribe was brought up by his grandmother, of whom he was very fond. One day, on returning from a hunting expedition, he found his grandmother all dressed up as though she had been entertaining company. He said nothing, but decided to

observe what happened the next day. Again, on the second day, on his return, he found his grandmother all dressed up as though she had been entertaining company. And still again on the third day. On the fourth day, instead of remaining away, he only pretended to go, and in a little while returned surreptitiously to the grandmother's hut. On peeking in, sure enough, the grandmother was entertaining a bear. This made the boy angry, and he threw a blazing fagot at the bear, which burned the bear so that he dashed out of the opposite side of the hut to jump into a stream of water. But the bear dropped dead on the way. As soon as he had thrown the fire brand, the boy secreted himself in the woods until the usual time, when he returned, bringing the dead bear with him. In answer to his grandmother's questions the boy said he had killed the bear and proceeded to cut it up and prepare it for eating. When he offered the grandmother some to eat she refused. Whereupon the boy was so angry that he picked up a clot of the bear's blood and threw it at his grandmother, striking her in the abdomen. Then said the grandmother, "Fool, the bear was your father. For that your aunts will always have trouble every moon, and will give birth to just such clots as this."

When boys attain the age of puberty they are obliged, among many tribes, to go away by themselves to fast or hunt or both. With those who wore labrets, the labret was a sign of maturity. Until maturity was reached the sexes were kept apart. In this way the young were enabled to grow up vigorous and strong.

Epilepsy and hysteria are common among the Indians. According to Farrand¹⁶ the weight of evidence goes to show that contagious disease did not exist among the aborigines until the advent of the white man. Among the Esquimaux¹⁴ of the Northwest, and of Hudson Bay,¹⁷ living conditions are so filthy that skin diseases are very prevalent.

One important sanitary measure is found among all the Indians and Esquimaux alike—the sweat bath. This is a part of their ceremonial life, but it must of necessity also be a powerful agent in the direction of health.

Bloodletting is practiced by the Esquimaux. Purges were used by the all the tribes of Esquimaux and Indians. Some of the Indians used herbs freely in sickness to expel the evil spirits. Among

the Esquimaux the moon and sometimes the sun, are believed to cause disease. This seems like a curious belief, and yet, so recently as 1824, the occult influence of the heavenly bodies was assigned as the cause of intermittent fever in the leading scientific work on the practice of medicine of that time.¹⁸ Thus it can be seen that the so-called scientific medicine has only recently gotten away from beliefs quite as curious as those of the Indians. Moreover, I know a busy and prosperous physician in New York City today who claims that at a certain phase of the moon all small children have worms.

In those tribes that use plants in the treatment of disease, the plant is usually selected because of some real or fancied likeness to a part of the body, or to some physiological or mental function which it is desirable to restore or to improve. For example, the Cherokee⁹ used burrs for failing memory because they stick so tenaciously.

After a long succession of years it has happened that some preparations are in use among the Indians that have true scientific value. But the Indian has no conception of disease other than as an affliction of evil spirits, and all his efforts are directed to ousting them. Whatever has developed of scientific value has been entirely accidental.

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NEUROLOGICAL CLINIC.

By Prof. John E. Wilson, M. D.

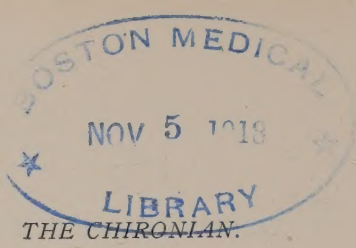
My first case, somewhat famous in the newspapers as "The Sleeping Girl," came here on March 10th. Her name is Charlotte. After a hearty meal, Charlotte took seven $7\frac{1}{2}$ gr. Bichloride tablets. I have understood that she took them by mistake for headache tablets, and then I have understood that she did not. Charlotte, herself, will not tell. But when I saw her first, about a month ago, we had every reason to believe that she had suffered from Mercurial poisoning. She had been washed out, and everything had been done that ought to have been done, but she had profuse salivation and sore mouth, with a trace of albumen, which, instead of getting worse got better. She never had any signs of permanent gastritis, nor gastro-intestinal symptoms, nor any of the natural symptoms which should follow Mercury, and consequently it became evident that Mercury was not the operative cause of her present condition. This view was strengthened by the fact that on going over, the surface with a needle we found that on the right side she had no sensation, and but moderate sensation on the left side. Furthermore, in my investigation I found that in trying to elicit the knee-jerk, the only way one could bend Charlotte's leg was to get one's shoulder under the knee, and then pull down on the foot as hard as possible, and sometimes you would get it pretty well bent, and sometimes you wouldn't; indicating a condition of rigidity not called for by Mercury. In fact, Mercury has tremor or loss of strength. If you get Mercurial polyneuritis, you get, as a rule, paralysis of the limbs to a greater or less extent, with tremor as a very marked symptom. But she did not have this. Moreover, in trying to bend her leg, we found the muscles on both aspects in a state of equal contraction.

Now when you get spasticity from organic disease, you will find that the spasticity is not always of equal pull on both sides, but there is over-contraction of some of the muscles, either extensors or flexors, as the case may be, and where you have succeeded in bending a limb, it gives way finally like a lead-pipe. But with her, no matter how far you bend the joint, the resistance was exactly the same. Then, again, we found she would not answer questions, nor open her eyes. But queerly enough she could swallow. If you put a bowl in her hands containing her portion of soup or bouillon, and a straw in her mouth, the pump would start, and would not stop until the food was all gone, and yet she would sit there in exactly the same position the whole afternoon.

She has had an ulcer in her mouth which has been very bad, keeping her salivated all the time, from the over-secretion of the glands; at times very bloody secretion, as if you had cut into a blood-vessel. But you cannot get her mouth open. It has been a constant struggle to get that mouth open. Nearly all the time she has been here she has done absolutely nothing. Recently, by suggestion, she has begun to do quite a number of things, and to appreciate what you did for her. It is a well-marked case of hysterical negativism.

The first time she tried to open her eyes she got into a tremendous rigidity all over, and great drops of sweat ran off her, as though it were a most tremendous effort. Now, as she makes the attempt, you can see that there is paralysis of the right external rectus, the left internus, and both inferior recti, and that the limbs are moved with great difficulty. The pin-prick is very little felt on the left side, but a little better on the right; the right side has more motor paralysis than the left. Her condition now is decidedly an advance over a few days ago. She will get well in time.

Case II. This little child has a case of Bell's palsy, from which she has almost recovered. It came on, probably, from getting chilled. In such a condition you have a varying amount of lesion in the parenchymatous portion of the nerve, and also in the envelope of the nerve, you probably will not get much improvement from your treatment within six weeks. But if you do not get some improvement within six weeks, you are not going to get much anyhow. The thing is to start early in the case. You know that the facial nerve, before passing out through the aqueductus Fallopii gives off



the chorda tympani and then emerging through the stylo-mastoid foramen goes through the parotid gland, and the face. I speak of this for the reason that in the parotid gland just in front of the ear a great many cases of Bell's palsy have arisen. That is the reason why a blister or a leech in front of the ear is in so much favor in England and on the Continent. They have found that applications to the parotid have often resulted in aborting the destruction of the nerves of the side of the face, when it came from a chill or some other palpable reason, such as they call in Barbadoes being "moon-struck." All over the Windward Islands there is great reluctance to sitting out in the moonlight, the belief being that if you get the rays of the moon on you facial palsy will follow. I suppose the reason is that during the day the wind blows off the land, and at night it blows on the land. The night wind is a chilling wind, and after the heat of the day if a person perspires easily he is likely to get one of these inflammatory conditions. The treatment which we give in almost all these cases is the same. Mercurius is the common, but not the only remedy for any of these interstitial inflammations, and generally the interrupted galvanic current on the back of the neck, a very moderate current, or if you want to get a few contractions you can use the positive current running steadily. I think this treatment has greatly benefitted the case. The place to apply the current is just in front of the ear where the nerve branches out in the pes anserinus, and the opposite pole at some indifferent point.

Case III. About January 1st, 1909, this patient awoke suddenly in the night, and could not move the right hand or foot; could not move even the knees. She had pains up the back to the neck. It is a very ordinary case of right hemiplegia, and the only point of interest in this case is the result. I will test the knee-jerk in both knees, and you will notice that I use a very light tap. I do this because the lighter the stroke with which you can bring out the jerk, the finer the test. In all investigations into nervous phenomena, it is a good thing to know what your patient thinks about what you are doing. I have had a patient endure without a tremor a most vigorous application of a pin to the surface which I was using for the purpose of eliciting his pain sensation, and finding that some of the symptoms did not go together, I asked him if it had hurt him, and he answered "yes." If you are trying the knee-jerk, try it as quietly

and lightly as you can, and see how light a stroke will give you the response. Then if you want to enlarge the experiment you can easily increase the amplitude of the response.

Now in this case what you see is a greatly exaggerated knee-jerk, and another thing is the equality of the jerk in both knees. Then again you will notice that there is no ankle clonus, nor Babinski. When she came she walked very badly, holding her hand and arm as you see them now, with that typical inward rotation of the arm, the thumb being drawn in, and the hand brought over to the radial side, and the elbow a little out from the side. The halting gait is practically the same that she had when she came. Let me again point out the fact that she shows no Babinski, and no ankle clonus, but an equality of knee-jerk, and these conditions at once arouse suspicion of degeneration of the motor tracts or cells going to these areas. You see she still throws the right leg to some extent, but nevertheless she walks pretty well. The condition is probably due to a small capsular hæmorrhage. Now what would be the prognosis? From the conditions which I have pointed out as to the knee-jerk, ankle clonus, and so forth, the deduction is that the motor fibres are not entirely cut off, but pushed aside as it were; that is, those which should go to the lower limbs, and lower part of the body. This would indicate a rather small lesion to cope with. Secondly, she had no long period of shock, which would also indicate a small lesion. Then look at the face. You can see that the lines of expression on the right side are smoothed out to a great extent, whereas on the left side the face looks all right. There is your order of recovery; first, legs; then face. If the injury had been greater you would have found more or less Babinski, and more or less extensor contraction of the toes from pain on the soles of the feet, instead of normal plantar flexure. As for the face, you found it smoothed out on the right side, with but little motion, although the eye shuts. Therefore you have a lesion which has not damaged extensively the facial fibres. The order of recovery in ordinary capsular hæmorrhage is feet or legs first; then face; then arm. Now with an equal amount of damage you know that the leg has double representation in the brain; more so than the arm. The act of walking is a process of balancing; while you are supported by one foot you are getting ready to go over to the other, and there must be co-

operation of both legs; therefore, double representation is very marked. Where you have injured fibres going to the right leg from the motor tracts on the left side of the brain, you have in the same bundle, fibres from the right side of the brain that are going to assume some of that function; that is to say, the motor fibres to the legs come from both the right and the left cortex. The same is true of the face; you have double representation there also but not to so marked an extent as in the legs, although the loss is relatively more noticeable, for the finer functions always suffer more than the grosser. For instance, in moving the leg it is not necessary in the same sense to have muscular dexterity as in the action of the face, and there may be small irregularities of supply which are not noticeable, but the action of the small muscles giving supply to the face is much finer, and it is for this reason, probably, that damage to the face recovers later than damage to the leg.

When we come to the arms, you know there is the highest expression of manual or muscular dexterity. They generally suffer more than the legs or face, and the fingers most of all. You will find that you cannot promise a great deal for the motions of the hands if there has been an extensive injury involving that degree of shock which we get in an ordinary case of hemiplegia. You almost always get that bending over and contraction of the thumb, and the other conditions of secondary contracture. Now, in secondary contracture, as you know, after a person has had a hæmorrhage in the brain (that cerebral accident called apoplexy), he will first have the early rigidity which prevails in the first day or two, then comes relaxation, followed by a period when the nutrition of the muscles is so changed that certain of them do not keep up the tonic tension while others have a little exaggeration of it, and the effect is that the flexors get the better of the extensors, rarely vice versa. Now it is the rule that when a muscle gets into a fixed tonic state it tends to become hyperplastic and tends to a contracture of a physical sort, and you get an arm which is immobilized to a great extent, or ankylosed would be a better term, with only a certain narrow range of movement, from which it is impossible ever to wean it.

This brings us to what we should do in cases of this kind. By massage you may increase the functions of the muscles that are left. With the faradic current, galvanism at first, you can keep up circu-

lation in the muscles, and keep the tissues from depositing new plastic material where it is not needed. But if there has been an absolute cutting off of these fibres in any part of their course, you cannot get rid of that contraction. It will contract, and stay contracted, and the most you can ever do is to release the limb by tenotomy, and make a straight leg or a straight arm out of a bent one, and you can put it in the form you would rather have it, barring one thing,—Nature seems to take a hand in a good many things, where you wish she would leave her hand out. The way these contractions keep coming back after you have straightened out a leg or arm is wonderful. If you have a crooked leg, and perform an operation by which you straighten it out, it is by no means certain that it will not recover a great deal of its old condition.

Massage is better than electricity, and electricity is better than nothing, and faradic electricity is the best kind of electricity when it will act.

In this case we had a problem. She had had, apparently, a very moderate amount of damage, but she had also a very moderate amount of physique to work on, which was the worst feature of the case. We used the current which I believe is best, if you have facilities for its use, of any of them, and that is the static spark. You cannot take an old case of contracture received from hemiplegia, and make that person over again, but you can make them functionate like everything for a few minutes. I have seen them hobble in, and run out. This woman we put on a treatment consisting of the application of the static spark to the cervical spine, and we gave it to her strong enough for her to feel it, and she moved members that she had not moved since the first attack. The knee lost some of its spasticity as the treatment went on, and she has acquired nearly a workable arm, although she has very little power in the muscles. On the whole, I think the case, although a very modest one, indeed, emphasize this fact: that these moderate cases, if you let them alone, may develop some very serious conditions tending to absolute incapacity. Now, every time she comes back to us, it is with the ability to do little more in her household matters, and do it with more precision and comfort.

My last case is the one which I had intended to present first. Sonia is a Russian girl. She was thirty years of age in 1905, by

which time she had developed optic atrophy to the degree that when she went into a room she would keep her hand up to be sure of not running into anything. She could tell the difference between light and darkness, and that was about all. She had astasia abasia, and could not stand or walk without the most pronounced swaying, and could not go through a door without hitting, at least, one side of it. She had atrocious headaches, and nocturnal starts, with fear, and a memory of something dreadful having happened in her sleep. She was in a nauseated condition most of the time, with occasional vomiting. She had Von Graeffe's sign, inability of the upper lid to follow the downward motion of the eyeball. The whole picture was one of cerebral tumor, and I gave a pretty bad prognosis. One of the symptoms of first importance was that the left arm to the shoulder was as cold as ice, no matter how warm the rest of the body might be. This was a selective symptom that rather queered things, for it indicated cortical trouble, and looked like the secondary effect of cerebellar tumor on the lower sensory tract. You do not get any such symptoms from cerebellar tumor if it is confined to the lateral lobes; it must get so large that it hits somewhere else, for that is the latent zone. In other words, when you have a cerebellar tumor which gives secondary symptoms you understand that it has commenced to project beyond the latent zone, and you may expect to get motor and sensory symptoms mixed up to some extent.

Sonia passed out of my hands after a time, which is the usual rule with these cases, and I did not see her for about two years. But I heard of her once in a while, and every time she had a new diagnosis, and a new operation had been proposed. Finally she came back again, about six months ago. You can see that her eyes now look pretty well, she sees fairly well, her eyeballs do not project, and she looks the picture of health. The knee-jerk is still much exaggerated, and she has rather an ankle clonus; nystagmus also, and scanning speech, and although she has no headache, she does not feel very well.

Sonia undoubtedly has multiple sclerosis. She got an early start, her first symptom appearing at the age of fourteen, which is very young. These symptoms were cerebral, and undoubtedly she has a cerebellar growth there, which is now latent.

Dr. Wilson here referred to several diagrams of the brain, show-

ing plaques of sclerosis, and explained with their aid the inference to be drawn from interference with speech in vascular troubles, the conditions indicated by nystagmus, ataxia, astasia abasia, etc., and his reasons for concluding from the symptoms that the case under consideration was one of multiple sclerosis, and added—"As to the etiology of the case, the factors usually assigned are extreme muscular exertion coupled with great nervous strain. Sonia is a Russian Jewess from Odessa, and it may be that she has had some very strenuous experiences, which have tested her nervous system almost to extinction. Multiple sclerosis is one of the results of such over-exertion."

EDITORIALS.

THE AMERICAN INSTITUTE JOURNAL.

The one item of business about which interest centered, at the last meeting of the American Institute of Homœopathy, was the question of the Institute Journal. The discussion of this problem occupied several hours and was the subject of the freest and fullest debate listened to in the Institute for many a year. There is an old saying that it is better to discuss a subject without settling it than to settle it without discussing it. It is probably true that in the minds of many there is considerable doubt as to the actual disposition of the question, and the thought that it was discussed without settlement. However, since the matter was brought before the Institute on the interpretation and correction of a contract existing between the publishers of the Journal and the officials of the Institute it is fair to assume that the matter has been finally determined, and that for five years, at least, the Institute will engage in the journal business. Had the Institute wished to repudiate the contract and set aside all alleged obligations to the publishing company, it would have so declared by definite resolution. On the contrary, it instructed the Journal Committee to proceed with the Journal, to remain in charge until the Board of Trustees, provided for by the new corporation, shall have organized and shall have its machinery ready to carry on this matter, as naturally this Board should do, being the business department of the American Institute. It has been settled, then, that we are to have an Institute Journal.

The discussion of this problem entered into two questions: First. Shall there be an Institute Journal? Second. Is the Journal we have a satisfactory one? The opponents were almost exclusively editors or publishers of medical journals, and Dr. Fisher, who was so long an editor, that naturally his mind functionates in the editorial manner.

Granting the truth of the statement that the independent journals of the school are bound to be hurt by the establishment of an official journal, it remains to be determined whether this should be

counted a calamity, or otherwise. In the very nature of the business a medical journal is like any other worldly possession. While it may be used and, in the case of the homœopathic journal it undoubtedly is used, for the common good, yet, after all, it would not be published except for the selfish interest of some individual or institution. For instance, take the *CHIRONIAN*, a journal published, as everybody knows, in the interests of the New York Homœopathic Medical College and Flower Hospital. If it were not felt that this journal is of actual service to the institution it represents, another issue would never appear. It is published at a loss, except so far as it brings returns to the institution behind it. Most of our journals are representative of institutions. The North American Journal of Homœopathy is probably the nearest approach, outside of the official journal, to a publication of national breadth and circulation.

One proposition which had been previously suggested, by the way, was that the North American should be absorbed by and become a part of the official Journal. There is virtue in this plan, but there seemed to be insurmountable difficulties in the way, desirable as it might be to have the talent and enterprise of the North American added to the talent and enterprise of the Institute Journal.

With the exception of the North American, almost all the journals of the United States are more or less subsidized by local interests. The question arises, then, is it actually a calamity if these journals *are* injured, a thing which we doubt, by the way, provided the general good to the profession is enhanced by the official journal? Consider the colleges: If their interests could be merged in some practical way, would it not add to the common good? The New York Homœopathic Medical College spends each year a large sum of money in legitimate advertising. Almost every dollar of this money would be as profitably expended if it were used to advertise Homœopathy in general and all the colleges collectively. As a matter of fact, it *has* taken pains to say, in this advertising, that the openings in medicines are more favorable to homœopathic graduates irrespective of colleges, than to the graduates of other schools of practice. If the other colleges would join hands with the New York College, the *CHIRONIAN* has no doubt that her officials would set aside her special claim and gladly join the officials of other col-

leges in the payment of advertising for the common good of all colleges. For the time being the special interest of the New York College would be submerged in the common interests of all the colleges. Likewise, if the Institute Journal is for the common good, it behooves the unofficial journals to make some sacrifice, if need be, for the good of Homœopathy.

Is the official journal an agent of good to the cause at large? We must sincerely believe it is. The treasurer's report at the American institute demonstrates this. Formerly there were about 1,300 delinquents shown by the treasurer's report. This year there were very few, 200 as we remember it. The treasurer has been an efficient one during his entire career. He has been just as active in previous years as he has this year. The increased interest in the Institute is due, in all probability, to the work of the official journal. Moreover, as a result of the efforts of the Journal, many members have been brought into the Institute. It matters little in this discussion whether these memberships, and with them increased subscriptions to the Journal, come because of unselfish devotion to the cause of Homœopathy or selfish devotion of interested parties to the welfare of the Journal. In either case, the result is the same. It makes no difference, therefore, whether the Journal is owned by the Institute, or is temporarily owned by private interests. The activity of its promoters makes for the common good. This, we believe, has been demonstrated already.

It is a sad statement to make, but, nevertheless, a fact, that many of our profession have been in a state of lethargy and indifference, apparently, to the present and future of the homœopathic school. Nobody knows this so well as the officials of homœopathic institutions. Two years ago there was a general feeling of discouragement, and a mental attitude of doubt and wonder as to the future of Homœopathy. The journals of our school were in existence then, the college and other institutions were doing business in the same old way. Everybody felt, however, that something had to be done to revive interest in homœopathic institutions. The leaders of our profession took counsel together and they proposed some new enterprises. Among other things, they suggested the Council of Medical Education. This Council has done yeomen service and has produced lasting results for homœopathic education. Likewise, they

proposed a Board for the Promulgation of Homœopathy. No one doubts that the work of this Board in the past has made more impression upon the public for the good of Homœopathy than have the combined results of all other efforts for the past ten years. The official journal was advocated and put in operation. We believe it, too, has done splendid service. We can well afford, therefore, to bide our time for these five years and then form a conclusion based upon actual experience. If Homœopathy progresses by leaps and bounds, or if it progresses in a slower, but still satisfactory way, we will rejoice in all these new enterprises. In any event, we have our hand to the plow and must go forward.

The CHIRONIAN believes the cause of Homœopathy is to be benefited by every movement which results in concerted and general effort. It will hail with joy all plans for the centralization of effort and will join in any movement which makes for the common good, even though it should somewhat damage the CHIRONIAN franchise and property. We believe that the CHIRONIAN, with all other medical journals of our school, should join in the support of the Journal of the American Institute of Homœopathy. It, therefore, pledges its support to that official organ and while it may, at times, criticise some of the methods and utterances of the Journal, it will, in the main, support it because as the official organ of the American Institute, it has a special mission and a wide field.

In closing, we beg to suggest that it is the duty of the official journal, subsidized as it is by our national organization, to go out into the by-ways and hedges of our profession and of the country, bring into membership in the American Institute and into accord with homœopathic institutions and ideals, the physicians in the out of the way places. The large centers are taken care of by the unofficial journals. It was the intention of the originators of the official journal that the luke-warm and forgotten, our brethren of the frontier, and in the pioneer settlements, in the little villages and hamlets of our land—it was the intention that these should be reached and renewed in allegiance to the common cause. We would resent efforts made by the publishers of this official organ to go into territory now strongly occupied by the forceful journals, and in any sense to hurt them. But, if the Journal seeks to fill the field properly assigned to it, it will do great good to the cause of Homœ-

opathy. We believe some working arrangements should be made with the publishers of the unofficial journals by which a "club rate" can be made in certain districts and thereby the individual homœopathic physician be given the official journal and the journal of his own territory. There ought to be that *esprit de corps*, that spirit of fellowship and good will that will lead the official journal to represent, not only the American Institute of Homœopathy, but also all the institutions of Homœopathy, including the other journals of the school. With this spirit on the part of the Institute Journal, it will succeed, and its success will not be built upon the ruins of other institutions, but will come with the upbuilding of all the interests of Homœopathy.

C.

ALUMNI NEWS NOTES.

Dr. F. H. Boynton, '74, 36 West 50th Street. Hours, 8:30 A. M. to 1 P. M. Telephone, 449 Plaza. During the month of July Dr. Boynton will attend the office daily except Saturdays and Sundays. During August and September Mondays and Thursdays.

Dr. C. E. Lane, '83, announces with great pleasure that hereafter his son, Dr. George E. Lane, '08, will be associated with him in his practice of medicine and surgery.

Dr. John E. Wilson, '83, Sydenham Building, 616 Madison Ave., corner 58th Street, New York, announces the following arrangement for the summer of 1909: June—The usual hours (10-1, except Sundays), until and including Saturday, June 26th; absent from the city from that date until July 2d. July—Mondays and Fridays only, during the usual hours. August and to September 15th inclusive, Dr. Wilson will be at the Lake Placid Club, Essex county, N. Y. Beginning on the 16th day of September, regular office hours will be resumed. During the absence of Dr. Wilson from the city, patients are referred to Dr. Reeve Turner, 208 East 73d Street. Hours, 9-11, 6-7. Telephone, 4518 79th.

Dr. A. Worrall Palmer, '83, 250 West 57th Street, desires to announce that he will be absent from the city from June 22d to 24th and from August 1st to September 1st. During July will keep no Sunday office hours. Also during July and September evening

hours on Tuesdays at 6 P. M. instead of Saturday. Nose, throat and ear diseases, exclusively. 11 to 12 daily and by appointment. 6 to 6:30 P. M. Saturday. 11 to 12 on first and third Sunday. Telephone call: Office, 827 Columbus; residence, Prospect 701.

Dr. A. Worrall Palmar, '83, 1094 Dean Street, Brooklyn, N Y., desires to announce that he will be absent from the city from June 21st to 24th and from August 1st to September 1st. Diseases of nose and throat exclusively. 5 to 6 P. M. Monday and Friday or by appointment. Telephone call: Residence, Prospect 701; Manhattan, Columbus 827.

A. Worrail Palmer, '83, M. D. 'Phone, office, Columbus 827; residence, Prospect 701. Always in telephonic communication. 9 A. M. to 5 P. M., by office 'phone, Columbus 827. 5 P. M. to 9 A. M., by residence 'phone, Prospect 701. If not personally present, those in attendance know my whereabouts.

Dr. George F. Laidlaw, '90, 58 West 53d Street, announces that he will spend the summer at Point Pleasant, New Jersey. Telephone, 54-J. From July 4th to September 12th Dr. Laidlaw will be in his New York office only on Mondays and Tuesdays, from 8 to 12 A. M. Dr. Sloat will have charge of the office and visiting practice as usual. Telephone, 987 Plaza.

M. Clifford Pardee, M. D., '99, 168 Macon Street, near Tompkins Avenue, Brooklyn, N. Y. Summer, 1909. Dr. Pardee hereby announces that he will be out of town from June 30th until early in September, when due notice of his return will be given. Personal communications for Dr. Pardee should be addressed until August 15th, in care of American Express Co., 6 Haymarket, Pall Mall, S. W., London, England. In the meantime patients are referred to Dr. S. W. Pallister, 222 Jefferson Avenue. Telephone, Bedford 1008. Or Dr. O. Du Bois Ingalls, 421 Halsey Street. Telephone, Bedford 1475.

Dr. Jasper Coghlan, '00, "The Elberon," 1009 Broad Street, Newark, N. J., announces that his office hours during July and August will be from 8:30 to 10 A. M. and from 1 to 3 P. M. on Tuesdays and Fridays. On other days he may be consulted or communicated with at the Allenhurst Club, Allenhurst, N. J.

Dr. Henry V. Broeser, '00, 628 Hudson Street, Hoboken, N. J., announces that he will be absent during the month of July. Patients

are referred to Dr. D. R. Atwell, 607 Hudson Street, telephone, No. 140 Hoboken, and Dr. R. B. Nattrass, 736 Garden Street; telephone. No. 245 Hoboken. The doctor will spend the summer at White Gables, Short Hills, N. J.

George H. Ding, '06, M. D., has removed to 515 75th Street. Former address, 341 75th Street, Brooklyn, N. Y. Office hours, 8-9:30 A. M., 1-2, 7-8 P. M. Sundays, 8-10 A. M., 1-2 P. M. Telephone, 2087 Bay Ridge.

John Hichnor Young, M. D., '06, announces his removal to 37 North Fullerton Avenue, Montclair, New Jersey. Hours, 8-9 A. M., 1-2 and 7-8 P. M. 'Phone, 1631 Montclair.

Byron G. Clark, M. D., 25 West 74th Street, New York. Telephone, 2854 Columbus. From July 15th until September 15th, Dr. Clark will be in his office on Tuesdays and Fridays from 12 to 1. At other times by appointment, which can be made here or at Rye, N. Y., P. O. Box 76. Telephone, 74-L Rye. (Please send mail to Rye.) Emergency calls will be attended to by Dr. D. E. S. Coleman, 101 West 78th Street. Telephone, 7197 Schuyler, or Dr. H. S. Sloat, 40 West 93d Street. Telephone, 7721-J, Riverside.

Dr. J. W. Hassler, Hotel Hargrave, 112 West 72d Street, New York, announces that he will resume his practice at 517 Fifth Avenue, Belmar, N. J., June 26th to September 15th. Telephone, 98 Belmar.

Dr. E. Guernsey Rankin, 226 W. 50th St., will spend the summer in Europe. Dr. Rankin sailed by S. S. "Lapland" on July 17th, and expects to return by the S. S. "Oceanic," due in New York, September 22d.

Dr. L. L. Danforth, of New York City, has gone to Europe for ten months. After an operation in the spring he takes a much needed rest on the Continent.

ANNOUNCEMENTS.

Dr. R. L. Eltinge, '01, is settled at Dorchester, Wise county, Va.

Dr. Sidney A. Beckwith, '01, of Yonkers, New York, is rejoicing over the birth of a son, Sidney A. Beckwith, Jr. At birth he weighed 9½ pounds.

The engagement of Miss M. A. Carbin, of Maple Hill, New Britain, Conn., to Dr. Joseph H. Fobes, of New York, is announced.

DEATHS.

Dr. John D. Quill, '76, of Wallingford, Conn., died at his home on June 17, 1909, of tuberculosis. Dr. Quill was 62 years of age and had practiced for a long period in Wallingford. He was for 14 years attending physician to the Masonic Home.

Dr. Pliny Rand Watts, '87, one of the prominent brothers of Alma Mater on the Pacific coast, died on June 1st, 1909, æt. 45 years, following an operation for appendicitis. He was a member of the American Institute, an ex-president of the California State Hom. Society, and Attending Surgeon to the Sutton Heights Hospital, in his home city, Sacramento, California.

CORRESPONDENCE.

July 15, 1909.

To the Editor :

My Dear Doctor:—In the July number of *McClure's* is an article by Mr. Burton J. Hendrick, on What We Know About Cancer. On page 262 he discourses metastases in terms for the lay mind and toward the end of this paragraph he says :

"If a cancer of the lung, for example, [about the rarest location for cancer in the body], forms a metastasis in the liver, the new tumor is formed, *not of liver tissue, but of lung. A piece of lung, that is, starts growing on the liver.* If a cancer of the stomach metastasizes in the breast, a piece of stomach simply arises on this exterior surface." Shades of Virchow and our old axiom *omnis cellula e cellula* !

This is the mere ignorance, of course, of the mind untrained by observation and untaught in the rudiments of pathology. But the enormous circulation of this periodical in homes and among just the same untaught minds as the writer's means just one more medical fallacy among the laity. And then on page 264 this same arbitrary ignorance leads our author to say, with a glib audacity that even Osler might envy, in discussing immunity :

"Medical science has now established one fact ; that in practically all bacterial infections, the employment of drugs, as direct curatives, is virtually useless. No factor, extrinsic to the body itself, ever

cured a human being of typhoid fever, diphtheria, tuberculosis, or any other bacterial disease."

And in a foot note he says further that quinine and mercury in malaria and syphilis are the only exceptions, and these two diseases are caused by animal parasites. The average man of the average lay knowledge of medicine would at once conclude that drugs are of no avail in bacterial diseases, and pretty nearly every layman knows the role of bacteria in the causation of disease.

And further on, on page 267, he is discussing the spontaneous cure of cancer, to which he appends a foot-note in which he urges no one to depend upon such a happy termination, but to seek surgical relief. But he says not a word about the imperative need of early surgical intervention, the early and prompt and radical treatment which the entire profession is so much and so unanimously advocating.

This is the danger of such an article, that the intricate and complex problems of a highly technical science such as medicine and surgery will inevitably leave a false impression when their discussion is expressed in other than technical terms and by other than minds trained in their study. And I am bringing this article to the attention of the CHIRONIAN because it seems to me that here in New York we are having altogether too much discussion in lay papers of medical matters.

I need but mention the ridiculous accounts this winter in the New York *Times*, of Dr. Bailey's experiments; the exploitation in this same paper of various electrical experiments in one of which a dead body was brought back to life, etc.

Would it not be well for physicians to write directly for lay publications, or, at least, for the editors of these, to have a close medical censorship exercised over their articles?

Very truly yours,

LOUIS R. KAUFMAN.

DR. DANIEL E. S. COLEMAN, President.

DR. GUY B. STEARNS, Secretary

TRANSACTIONS OF THE MATERIA MEDICA SOCIETY OF NEW YORK.

Present: Doctors Coleman, House, Hermann, Mills, Seward, Stearns and Simonson.

Doctor Simonson, whose topic was "Some Points on Homœopathic Therapeutics in Scarlet Fever," said:

I understand that I am not expected to deal with the general treatment of the disease, hygienic, dietetic or otherwise, but merely its symptomatic therapeutics. To this end I have made a few notes of what I thought germane to the purpose of the society from this standpoint and covering many of those remedies which, in my practice, I have most frequently used. Of course, it would be impossible to cover fully the homœopathic therapeutics of scarlet fever, the range of drugs and the indications for each being so many that we would never get to the end of it.

You all know as much as I do about the symptomatology of most of these drugs and some of you more than I, so all I am going to do is to give those symptoms upon which I have prescribed; which is what I understood is expected of me.

The first remedy which I want to discuss is AILANTHUS. We hear a great deal about this remedy in materia medica, but do not often hear of it being prescribed. Nevertheless, it is a very valuable drug, which comes in nicely in the very severe forms of the disease where we get not the simple, toxemia of scarlet fever alone, but a mixed infection and a large number of symptoms due to streptococcus pus formation. In other words, where we have a very marked toxemia that is shown by stupor; and without more or less stupor I do not think Ailanthus is indicated. By that I mean that I do not believe it is ever of any use in cases where there is a very marked excitement and high tension. The rash of Ailanthus is purplish, not bluish at all, like Ammonium carb., Hydrocyanic acid, Muriatic acid and some others, but that purplish rash which is usually accompanied by a marked cellular infiltration in the tissues of the neck and throat, not, however, with distinct glandular involvement; and this is the distinction which I make in my own mind between Ailanthus and Ammonium carb., for in the latter, in severe toxic cases, we get almost invariably a marked involvement of the glandular tissue, while in Ailanthus it is infiltration of the cellular tissue. Of course, we get the offensive odor also, which is very prominent, and the marked stomatitis, often accompanied by ulceration. There is not the great amount of pain that you would expect. It is not absolutely painless in the severe toxic cases, but still there is not as much pain as you would expect. Then, again, in those cases

where *Ailanthus* is indicated the pulse is very rapid, weak and irregular. A summary of the drug would be: dark purplish color to the rash, stupor, and marked cellular infiltration without much glandular enlargement.

Ammonium carb. is, I think, one of the greatest drugs we have in cases of malignant scarlet fever. Here we get a large amount of glandular involvement with a bluish cyanotic appearance and enlargement, not only of the tonsils and submaxillary gland, but the cervical glands also and the parotid. Stupor and drowsiness are quite marked. The patient breathes like a case of uremia,—slow, labored, stertorous—and there is a bubbling sound as if there were a little mucus in the throat. You may find, on examination, that there is some edema of the lungs. The tonsils and fauces have a bluish appearance also and ulceration of the mouth is quite marked. There is also a tendency to sloughing in the throat. The miliary rash also is very marked for Ammonium carb.

Then, in addition, we have nasal obstruction with a profuse muco-purulent discharge, very often bloody and offensive; and with it all there is very little pain. These are the characteristic symptoms of Ammonium carb. in malignant scarlet fever, to which might be added, a look about the patient very like that of uremia.

APIS is given ten times where it is indicated once. It seems to be a favorite prescription for scarlet fever, but I think it is not very often indicated. The range of symptoms found in *Lilienthal* and the various books on *materia medica* in regard to scarlet fever may be all right theoretically, but practically they are not worth the paper they are written on. I have never gotten any results from *Apis* when given according to the ordinary indications. In fact, I have never gotten very much from it any way in scarlet fever. I think when *Apis* is indicated in scarlet fever we must have some very characteristic symptoms. I have seen it act two or three times in a way that surprised me because I had gotten so used to seeing it not act at all. In *Apis* drowsiness is very marked. But it is a peculiar drowsiness, not like that of the other drugs. It is accompanied by fidgetiness. The patient sleeps, but it is a restless sleep. It is something like the *Belladonna*, "wants to sleep but cannot." The child wakes with a start and then drops off again; but not to rest quietly. The rash of *Apis* is always light colored. They very often have thirst. If you wait for thirstlessness to give *Apis* you will never use the drug at all. The child has a horrible dry throat and wants water all the time. Whether *Apis* is indicated or not they want water and they want it in small quantities frequently like the thirst of *Arsenicum*. The swelling in the throat is a light pinkish red, not necessarily edematous, although it may be. The thing to note is that it is not dark bluish, purplish or blackish. I do not think *Apis* is any use in malignant scarlet fever. I never got any reaction from it. The meningeal symptoms; rolling of the head; jumping and starting with a sudden outcry I have never seen when *Apis* was indicated. I have used it principally when the kidneys were involved and when dropsical conditions were present the urinary symptoms peculiar to the drug.

AURUM TRIPHYLLUM has characteristic and very valuable symptoms. I

consider it a very good drug. I do not always give it simply because the child has got a bloody nose and picks at the scabs, because children who are half delirious will often have excoriated noses and pick the scabs off, they have nothing else to do. Restlessness is, first of all, the striking symptom. In this it resembles Arsenic, except that it is not weak like Arsenic, and with this restlessness there is an unmistakably ugly cantankerous disposition. There is extreme pain on swallowing. I suppose the same condition prevails in the fauces and down in the pharynx, as on that part of the face which we can see, and it must be very painful if it feels as the face looks. If the patient is old enough to describe the pain it is complained of as extreme rawness and burning. With this raw feeling in the throat and the scabby condition of the nose you get a thin, watery, bloody, discharge from the nose. Not the state of affairs you get with Ammonium carb. with the nose all stopped up with thick mucus so that it is absolutely impossible to breathe through it, but a thin, serous discharge that excoriates the lip and the corners of the mouth. Another good practical symptom is salivation to marked degree, also more or less excoriating. The rash seems to come out in somewhat patchy form, but it is not the dark purplish patches that we get with the *Ailanthus* or the bluish patches of Ammonium carb. A dry, painful cough is very marked but the glandular swellings are not very pronounced. Then, in ordinary cases of scarlet fever the aggravation seems to be on the left side. None of the other drugs already referred to have any peculiar aggravation on one side. *Aurum Triphyllum* has, moreover, a desquamation which seems to begin very early. In fact, it begins on some parts of the body before the eruption has disappeared and does not come off in sheets but the skin will curl up and get very dry.

BELLADONNA. I do not know why it is that so many homœopaths have got the idea that Belladonna is so important in the treatment of scarlet fever. I do not think, myself, that it is often indicated. It certainly is of no use in toxic cases. It is too superficial in its action and even when apparently well indicated symptomatically it does not do any good. We must have a very deep acting drug. The easiest way to describe it just now is to deal with the symptoms which it has not got. Firstly, then, it has not got prostration. I do not care how throbbing the pulse or how red the face or dilated the pupil or how excited the patient may be, the very fact of there being no prostration in Belladonna would rule it out as far as I am concerned. Its toxemic symptoms are not marked at all. The rash, as we all know, is a bright red, not dark or purplish and it comes out evenly all over the body with no venous congestion at all. The symptoms that call for Belladonna are those we all know so well. I think that with young children one of the most valuable symptoms for Belladonna is the peculiarity of the sleep; the fact that the child wants to sleep and cannot. It is drowsy and evidently there is a good deal of cerebral congestion. It drops down and then starts up with a cry and is wide awake. Then it drops off again. The mental symptoms of Belladonna are the most important.

BRONIA. With this remedy, as far as I can see, the object seems to be to bring out the undeveloped rash. There is nothing in scarlet fever that

is characteristic of Bryonia. Of course, I could see its value, if I had well marked Bryonia symptoms as the mental symptoms especially and the gastric symptoms—the thirst, constipation and irritability. Lilienthal tells about sharp sticking pains in the chest. There is not one case of scarlet fever in five millions that has sharp sticking pains in the chest, because the only thing that will produce this symptom is pleurisy, which is very rare in scarlet fever; and when it is present there is usually so much effusion that we do not have a chance to get sharp, sticking pains. The so-called scarlatina rheumatism and the arthritis which follows scarlet fever I have never known to indicate Bryonia. I think when Bryonia is indicated at all in scarlet fever it has got to be indicated by its mental and nervous symptoms; by the character of its drowsiness, its disposition, its thirst, the disinclination to be moved and the like. I do not think, however, that it is very often indicated; and as for “bringing out the rash,” there is another good old-fashioned idea that ought to be gotten rid of. This idea about the disappearance of the rash is ridiculous. When the heart action gets poor, and the superficial circulation is bad, you do not see the rash—that is all. It is ridiculous to talk about acute specific dermatitis “striking in.” A hot bath with a teaspoonful of whisky is the best way to bring out that rash.

CALCAREA CARB., I think, is overdone. There are symptoms where it is very valuable in scarlet fever. As we all know, it is very slow in its action and adapted to chronic asthenic conditions, and yet it has helped me a number of times in glandular complications; not where there was tendency to supuration, but where we had enlarged glands after scarlet fever that simply stayed there without showing signs of doing anything. Lilienthal, in talking about Calcarea Carb. in scarlet fever, gives a combination picture of Carbo Vegetabilis and Camphor—in other words, prostration and collapse. I should hesitate to give it simply on those indications. I do not doubt that if it were well indicated it would do good work, but I do not know the indications well enough to trust it. If you remember Lilienthal's indications in scarlet fever and what he says about Calcarea Carb. you know he gives a long list of symptoms of collapse in which Calcarea Carb. is indicated, but I cannot say that I can see it that way. But I do know that it is valuable where you get practically nothing but some of the constitutional and mental symptoms; a slow lethargic condition with lack of reaction, especially in the Calcarea baby or a child of that stamp, with enlarged glands. In such cases I have often found Calcarea Carb. very valuable.

In both scarlet fever and diphtheria Carbolic Acid has done me good service. I might almost say that I would prescribe it on two symptoms; first, a marked tendency to destruction of tissue internally, as of the tonsil and pharynx, with very little, if any, pain. I do not know whether any of you have ever used it in diphtheria with symptoms of that kind, but I have seen it do magnificent work. The odor, where Carbolic Acid is indicated, is extremely marked. You can smell it in the next room and you find the patient with a bloated, white look before the rash appears. And then the rash of Carbolic Acid is light colored, not brilliant red nor purplish, but a faded,

washed out kind of a color and the face, just as in diphtheria. looks like the face of acute nephritis, almost edematous, waxy and with a peculiar dead white appearance the lips so white that you can hardly see the line between the skin and the vermillion of the lip. The child is dull, lethargic and heavy, with a horribly ulcerated throat and mouth and does not seem to care a bit about it. There is that peculiar Carbolic Acid stupor and the ulcerations, if you see the case early, will be found to be light in color—of course, they will turn dark when sloughing begins, but the original ulceration is quite light. This, with drowsiness, stupor, extreme fetor, marked destruction of tissues, with absence of pain in very severe cases, would be the leading indications. It is not indicated in any other than severe cases, however

CUPRUM METALLICUM I have seen of value in convulsions. I can distinctly remember once giving it with very good results, and, I think, twice, but as I remember there was nothing to indicate Cuprum except the very violent character of the muscular involvement, especially the flexor muscles of the extremities.

GELSEMIUM, I think, is a good drug in some of the milder forms of scarlet fever. I have used it a great many times, principally upon its characteristic indications which there is no use going into

HEPAR SULPHUR is another good drug. I have had it do me a lot of good service. It sometimes does not quite come to the scratch, but it very often does. It is one of the main stand-bys in post-scarlatinal nephritis where you will get characteristic Hepar symptoms. I got that from Dr. Deschere. He told me he did not know how or why, but he found it almost a specific in post-scarlatinal nephritis. It certainly is a good drug with characteristic symptoms. Also in marked adenitis that is out of proportion to the amount of scarlet fever present (if you have a mild case and during the progress of the fever or afterwards during desquamation) you find its special value. Its characteristic symptom is extreme tenderness to touch. Another good point about Hepar is the relief from heat to the sore glands. That seems to be quite marked, with, of course, its opposite symptom, aggravation from cold air or a cold draft. I have seen very decided relief from warm applications. In spite of the fact that it might make the gland suppurate I never hesitate to put on a warm application when giving Hepar.

HYDROCYANIC ACID, in the text books, reads like Carbo Vegetabilis, the indications for each drug being the fact that the patient is in extremis. Hydrocyanic Acid is a good drug in scarlet fever where we get a crisis; where the family and the nurse get frightened and the pulse runs up to 180 or 200 and is irregular. The child breathes very superficially and usually slowly. There is great difficulty in swallowing; not from pain, but seemingly from temporary paralysis—that is where the gurgling sound comes from, the water gurgling down through the œsophagus. I have seen it strongly indicated in those conditions of profound prostration found in severe toxemic scarlet fever

HYOSCYAMUS is another good one with its peculiar delirium. I think it is indicated very much oftener than Belladonna in scarlet fever in very much

the same class of cases. It has restlessness, partial stupor, talkative delirium with muttering, and a characteristic symptom of Hyoscyamus is muscular twitching or tremor. This and the muttering delirium are my standbys. In conditions of this kind I have seen Hyoscyamus do good work.

LACHESIS. I do not think I have ever seen Lachesis do anything in scarlet fever. I have given it numbers of times and I have tried it where I seemed to have marked indications and whether it is my misfortune or lack of knowledge of the drug I cannot say, but the child was not relieved. I have come to feel that Lachesis is not worth the bottle it is put up in for scarlet fever. There is one thing about it, however, that strikes me at the moment. The idea seems to be very prevalent, at least among the students over at the college that a striking characteristic of Lachesis is aggravation after sleep. They have got the idea twisted. The child is not worse in any of its symptoms after sleep. It does not get wide awake and show aggravation as in Lycopodium, but the Lachesis child *sleeps into* aggravation. The very fact that he goes to sleep makes him worse. I think the explanation of that is very largely in the condition of the central nervous system,—in the pneumogastric nerve. It is very largely in the fact that the Lachesis child forgets his respiration in his sleep. He gets dyspnoic and the longer he sleeps the more he gets into that condition. Then he wakes up. It is the aggravation that wakes him, not the waking up that produces the aggravation. That has been my impression.

MERCURIUS CORROSIVUS is another valuable drug in post-scarlatinal nephritis. I do not think I have ever seen it indicated in throat conditions or in the general constitutional conditions of scarlet fever.

MURIATIC ACID is another good standby. In scarlet fever and, I think, in all those infectious diseases like diphtheria and typhoid and the exanthematous and toxic diseases the mineral acids are very valuable, especially Muriatic and Nitric Acids. Of course, its main indication is found prostration with typhoid symptoms, such as slipping down in the bed. A few of the characteristic points are, first, the dark color of the rash. I spoke of a dark rash in Ammonium Carb. and Ailanthus. The Muriatic Acid rash looks more like the Ammonium Carb. rash. It is not purplish in color, it is more of a cyanotic condition to my mind. The right side of the heart is very weak and there is a venous stasis. The patient is blue and the rash is blue. You will get petechial spots also on the skin and a little bleeding from the mucous membrane. A very peculiar symptom of the drug is the fact that the child does not want to be covered, even though the skin may be cold. It will have a temperature of 105 with a cold skin and it is uncomfortable and restless when covered up, just like Secale. Then you have a rapid, weak, irregular, compressible pulse, and slow respiration. In a child three to five years old the pulse will reach 160 and the respiration be very slow and regular; not irregular and jerky, as in Hydrocyanic Acid. Then there is a thin, watery, nasal discharge, but not acrid like Arsenicum Iodide and Allium Cepa. There is swelling in the throat and the fauces, mucous membrane, palate and tonsils are characteristically bluish, turning to bluish black as destruction of the

tissue goes on. A number of years ago a young brother of mine was, I think, saved by that drug. He had diphtheria—was chock full of Klebs-Loeffler. The diphtheria no sooner began than his throat became blue-black. I treated him myself and Dr. St. Clair Smith saw him a number of times. It was positively blue-black. The tissues seemed to break down at once. There was ulceration, bleeding and sloughing of tissues from the very first. That was a case in which Muriatic Acid seemed to do the business. The boy got well. There is almost always marked stomatitis with ulceration that bleeds very easily, something like snake poisons, and this ulceration is very dark in color. A very good symptom that is frequently found in Muriatic Acid conditions is diarrhoea with painless, watery, involuntary stools and extreme prostration dominating the whole picture.

NITRIC ACID I do not think is as often indicated as Muriatic Acid, but still it is a valuable drug. I have a great leaning toward these mineral acids in these conditions. The malignant conditions call for Nitric Acid as well as all the other acids. To distinguish it from Muriatic Acid there are two or three little points that are valuable. In the first place, the vomit. I will tell you a little story. One of our surgeons, two years ago, had a woman over at Flower Hospital, who had typhoid fever. She had some uterine condition that made it necessary to perform hysterectomy in the middle of the typhoid and he performed the operation. She came out all right and was doing first class until she began to have some hæmorrhage. And she had some of the worst intestinal hæmorrhages you ever saw. It was an oozing hæmorrhage, a very disconcerting thing to have going on. He asked me to come over and see her. She was vomiting. Everything came up as soon as she got it into her stomach. I gave Nitric Acid and the vomiting and hæmorrhage stopped and she improved. That peculiar vomit, as soon as food or drink is taken into the stomach, with no distinction as between food and drink, is very characteristic, and with this is a sharp pain in the stomach. Another point to distinguish it on is the characteristic of the skin. When Muriatic Acid is indicated the skin is cold, with the temperature high. In Nitric Acid we get the opposite—a hot skin. We get stomatitis also, but, instead of large superficial ulcers, we get an ulcer that is small and circumscribed. The saliva is very much more acrid than in Muriatic Acid and there is apt to be bleeding from the ulcers. There is a more acrid coryza than in Muriatic Acid, but the bloody, scabby condition of *Arum Triphyllum*. There is a good deal more collection of false membrane in the throat and the ulceration is not so dark as it is in Muriatic Acid. You will sometimes have difficulty in distinguishing Nitric Acid from *Arum Triphyllum* on account of its tendency to excoriation and scab, and its irritability, but it has not the pure unadulterated cussedness of disposition that you find in *Arum Triphyllum* nor the extreme restlessness. Then, *Arum Triphyllum* has not the peculiar vomit and tendency to bleeding, which is characteristic of Nitric Acid. How-

ever, they are drugs that are pretty close together and they are both excellent in scarlet fever. Let me add that Nitric Acid has also extreme soreness in the throat with great difficulty in swallowing and the discharges are offensive.

RHUS TOX. is indicated where you have the so-called miliary rash with itching early in the symptoms, like Ammonium Carb. The Rhus restlessness is a kind of good-natured changing of position. It is physical, not the mental restlessness of Arsenic or Aconite. Rhus is a very good drug for cases of scarlet fever that develop very slowly. There is no sudden onset like many of those drugs indicated in fulminating cases. It comes on quietly and all of the symptoms develop slowly, especially the swellings of glandular tissue and there is comparatively little pain, just the opposite of Hepar in that respect. There is likely to be more swelling of the parotid and the child will look as if he had the mumps. The type of restlessness will pick the drug out for you.

I believe that is all I have to say, in a formal way; if there are any questions you would like to ask, I shall be pleased to try to answer them.

DR. MILLS: I have been very much interested in Dr. Simonson's remarks. I do not quite understand his attitude on Belladonna, because it is put down in all the text books as being a remedy for scarlet fever and as being a prophylactic against the development of scarlet fever.

DR. SIMONSON: It may be a prophylactic, I do not dispute it.

DR. MILLS: Do you use it as a prophylactic?

DR. SIMONSON: No, I do not know anything about it. I have very little faith in prophylactic drugs. I do not see how it is possible on a homœopathic basis to give a prophylactic. The only possible stand you have is the one Dr. Timothy Allen used to take as to an epidemic remedy. He used to claim there was no such thing as a prophylactic. I cannot see why I should give Belladonna, for if they were taken sick the drug called for might be Arum Triphyllum. I think Belladonna is not so frequently indicated as it is given. I think routine practice is bad; bad for the patient, bad for the doctor and bad for our school of medicine. A great many men seem to have the idea that if you have a case of scarlet fever you should give Belladonna. That is the only point I had in mind to make.

DR. MILLS: I have had very few cases of scarlet fever, but Mercurius Corrosivus is the drug I have used most often in view of the possible development of nephritis afterwards and that is the extent of my personal experience with scarlet fever.

DR. HERMANN: I have never treated scarlet fever homœopathically. This is the first time I have ever heard an exposition of the most useful drugs in that disease. So far, we have had a great many mild cases and we got along with no treatment whatever. I certainly shall treat my cases homœopathically hereafter from what I have learned together, for I have become acquainted with some very valuable drugs. I gave Belladonna as a prophylactic in one family. I think it was a mistake. I think I agree with Dr. Simonson about that.

DR. HOUSE: I have Dr. Deschere's notes and the remedies for scarlet fever

and diphtheria which he advocated I find corresponds remarkably well with what Dr. Simonson has said. I have depended on those notes more than on the text books. When I have a case of this kind I get out my old works of Dr. Deschere's lectures and look them over.

There is one thing, since you have spoken about other diseases, that I would like to mention, it might be of service to some one else; that is something my father came across, through a physician in Cincinnati. In cases of typhoid with ulcers in the intestines and hæmorrhages, he prescribes dilute Nitro-Muriatic Acid. He takes just enough to acidulate the water thoroughly and then gives it as an intercurrent. It stops most of these cases of hæmorrhage when other things fail. I have seen two cases of collapse where I thought the case was gone sure. He took out his little vial and put in probably thirty or forty drops—just sufficient to acidulate the water and then gave a teaspoonful every two or three hours. Sometimes he would stop the remedy and give the acid every hour and afterwards intercurrently three to five times a day. I have seen several cases looking as if they would die sure, clear up under that remedy. When I saw him last fall he had a case of typhoid that seemed to be going on pretty well when all of a sudden it developed collapse. They sent for him in a hurry and I went with him. The man was in a bad way, but he pulled out and is well today.

DR. STEARNS: I have been very much interested in the Belladonna discussion. I do not think I have seen many cases. I recall one case where Belladonna seemed to be the remedy, but usually there is more prostration than Belladonna shows. I have used it as a prophylactic also, but you have no proof if the case does not come down. In two cases, however, where the nurses had never had scarlet fever they developed good Belladonna symptoms.

DR. MILLS: I would like to say that Dr. Louis Smith, professor at Bellevue wrote a book on these diseases. He mentions in his article on scarlet fever that very frequently nurses in attendance or the mother of the child or any one closely associated with the case, will develop characteristic symptoms. It does not make any difference whether they have had scarlet fever before or not. Even if they have had it before they are very apt to develop sore throat.

DR. STEARNS: I will say this: Where I have used it as a prophylactic I do not know of a case that came down, but, perhaps, they would not have done so any way.

DR. SIMONSON: I do not think I have ever seen scarlet fever contracted by a nurse more than two or three times since I have been practicing.

DR. COLEMAN: Referring to the preparation of remedies and the potencies I want to ask Dr. Simonson if, in using the acids, like Nitric Acid, he used them in alcohol dilutions or ran them up with water? The new pharmacopœia recommends them to be run up with water, claiming that the alcohol destroys the acid.

DR. SIMONSON: I do not believe it. I have seen them work.

DR. COLEMAN: The old pharmacopœia ran them up a certain distance

with water and then with alcohol. In cases where I have wanted the acids fresh I have run them up with water and have had better results than with alcohol.

DR. SIMONSON: I do not know about that. In regard to potencies I would say that I am doing as Doctor Deschere did in the last few years of his life. I am prescribing about the sixth. I very often go higher and very often lower, but as a routine, somewhere between the third and twelfth. Of the great majority of the drugs which I prescribe if I were put to it today which potency I use most I think I should say the sixth in acute conditions.

DR. COLEMAN: In regard to the use of Belladonna as a prophylactic, it seems to me I have had results. Of course, I cannot swear to it. Do you know the results St. Clair Smith had at Five Points?

DR. SIMONSON: Yes. I have heard about that and I did not understand it. It seems to me logical that if Belladonna will act as a general prophylactic it will always cure scarlet fever and if it is not indicated as a curative drug it is not as a prophylactic. I do not think any single drug can be given as a prophylactic for any single disease.

DR. COLEMAN: Of course, it does not do any harm to give it.

DR. SEWARD: I have always used it and I do not know that I ever had a second case develop.

DR. SIMONSON: I do not know that I ever had a second case without giving Belladonna.

DR. STEARNS: How long is the germ supposed to remain in the house?

DR. SIMONSON: For months.